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PTO/SB/05 (2/98)
 Approved for use through 09/30/2000. OMF 385.1-4
 Patent Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

for new nonprovisional applications under 37C.F.R. §1.53(b))

Attorney Docket No.

PC10139A MAG

First Named Inventor or Application Identifier

Nancy J. Harper

Title

Sertraline Oral Concentrates

Express Mail Label No.

EJ248206049US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
 (Submit an original, and a duplicate for fee processing)
 2. ☒ Specification [Total Pages
 (preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference in Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
 3. ☐ Drawing(s) (35 U.S.C. 11.3) [Total sheets - 4. ☒ Oath or Declaration [Total pages - a. ☒ Newly executed (original)
 - b. ☐ Copy from a prior application (37 CFR §1.63(d))
 (for continuation/divisional with Box 17 completed)
[Note Box 5 below]
 - i. ☐ DELETION OF INVENTOR(S)
 Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
 The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
 (when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
 (Should be specifically itemized)
14. ☐ *Small Entity ☐ Statement filed in prior application,
 Statement(s) Status still proper and desired
 (PTO/SB/09-12)
15. ☐ Certified Copy of Priority Document(s)
 (if foreign priority is claimed)
14. ☐ Other:

*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No:

Prior application information: Examiner Group/Art Unit:

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name	Gregg C. Benson				
Address	PFIZER INC Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	USA	Telephone	860-441-4904	Fax	860-441-5221

NAME (Print/type)	Martha A. Gammill	Registration No. (Attorney/Agent)	31,820
Signature	<i>Martha A. Gammill</i>	Date	10/11/99

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
 These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment	(\$956.00)	Application Number	To be assigned.
		Filing Date	Herewith
		First Named Inventor	Nancy J. Harper
		Examiner Name	To be assigned.
		Group/Art Unit	To be assigned.
		Attorney Docket No.	PC10139A MAG

METHOD OF PAYMENT (check one) 1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 16-1445 Deposit Account Name: Pfizer Inc <input checked="" type="checkbox"/> Charge Any Additional 37 Fee Required Under C.F.R. §§ 1.1.6 and 1.17. <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. § 1.1.8 at the Mailing of the Notice of Allowance. 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		FEE CALCULATION (continued) 3. ADDITIONAL FEES <table border="0"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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** or number previously paid, if greater; For Reissues, see below

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SUBTOTAL (1) (\$) 760.00
SUBTOTAL (2) (\$) 156.00
SUBTOTAL (3) (\$) 40.00

SUBMITTED BY		Complete (if Applicable)	
Type or Printed Name	Martha A. Gammill	Reg. Number	31,820
Signature	Martha A. Gammill	Deposit Account User ID	16-1445
Date	10/11/99		